Intersectionality & Resilience: A Psychological Approach to Resilience & Responses to Trauma

Grace A. Hu

[redacted]

Ladue Horton Watkins High School

[redacted] St. Louis MO, [redacted]

Mrs. Meg Kaupp: [redacted]

Abstract

With a pandemic and several other tragic international events, the concern about the impact of trauma has heightened. As such, the paper seeks to identify informed ways to respond to trauma utilizing psychological perspectives pertaining to resilience. This paper will first discuss the problems and need to change definitions of resilience to consider different sociocultural contexts and how societal structures impact development. Utilizing a more intersectional definition of resilience, this analysis will use historical examples alongside peer-reviewed journals to substantiate the community, identity, and social psychology approach towards developing resilience, while also accounting for idiosyncrasies within populations. Finally, this paper will lay out how psychologists can build off of already established precedent to collaborate with governments and communities to create strategies to build resilience using social psychology concepts such as grit, promotive factors, and protective factors.

Introduction

For the past year, individuals have endured the impact of the COVID-19 pandemic, in what is being called a "collective trauma" (Mental Health Association In New York State, Inc., 2020). However, even with an event like a pandemic, there are disparities in which groups will be disproportionately experiencing trauma, from marginalized communities that have suffered from a combination of excessive infections and low resources, to front-line and essential workers. Additionally, the Black Lives Matter movement and protests against police brutality have highlighted the persistence of racial trauma, and how damage from racist experiences have been compounded by recent events (Lebron et al., 2015). Trauma is a multifaceted issue rooted in psychology, thus the resiliency of individuals in their response to trauma is equally complex and should be subject to analysis through different psychological perspectives. In order to develop an understanding of resilience, society has to first acknowledge the challenges of standardization and failures to include unique experiences within resilience research. Only then can an intersectional approach to resiliency utilizing cognitive and social concepts be created and implemented across different populations.

Anatomy of Resilience

Resilience has proved difficult to characterize. Popular medical organizations like the Mayo Clinic define resilience on their website as "being able to adapt to life's misfortunes and setbacks" (Mayo Clinic Staff, 2020), while U.S. government organizations like the Census Bureau define resilience through a community lens, stating that community resilience is "the capacity of individuals and households to absorb, endure, and recover from the health, social, and economic impacts of a disaster" (U.S. Census Bureau, n.d.). Vague definitions highlight the challenges of operationally defining resilience. As David Fletcher, a senior lecturer in

Performance Psychology and Management at Loughborough University and Mustafa Sarkar, a research student of Performance Psychology at Loughborough University explain, when applied to individuals or communities of humans, the definition of resilience provided relies on factors including the historical and sociocultural context the research was conducted in, the population sampled, and researcher's "conceptual proclivities" (Fletcher & Sarkar, 2013). Such sociocultural influence raises concerns about how resilience, and concepts relating to resilience such as trauma, are often defined in an exclusionary manner. For example, Dr. Sonya Andermahr, a Reader of English Studies at the University of Northampton, states that contemporary trauma studies ignore forms of suffering endured by minority cultures and non-Western groups by characterizing trauma as a single catastrophic event. However, this definition does not work for forms of generational and ongoing forms of trauma experienced by minority groups like racism (Andermahr, 2015). Although the aforementioned critique is not of the definition of resilience, the effort to diversify trauma studies extends to resilience research. Researchers have to ensure that they clearly explain concepts, provide contextual depth by sampling a wide range of groups, and utilize thorough methodology when measuring resilience in unfamiliar settings (Southwick et al., 2014). Such burdens certainly make articulating an operational definition of resilience difficult.

However, there are several common concepts including adversity, grit, and adaptability that can clarify our understanding. Adversity can come in many forms, ranging from one off events such as a college rejection to long-term structural struggles such as poverty. While adversity is also a contentious area of study, most characterizations center around the notion that adversity is a hardship that induces stress which either catalyzes or creates resilience (Fletcher & Sarkar, 2013). In the face of adversity, one factor has proven important to overcoming such

obstacles: grit. While professor of psychology at the University of Pennsylvania Angela Duckworth developed her understanding of grit in the context of education, additional research indicates that in a broader sense, grit, or "passion and perseverance toward especially long-term goals," is a predictor of high achievement and one's ability to work towards a long term goal for extended periods of time (Duckworth & Gross, 2014). For example, in a study of West Point Military Academy cadets, grit, above physical ability and cognitive ability, was the predictor of whether a cadet would be able to finish the grueling six-week initiation training program, known as the Beast Barracks. In the study, cadets who had scored one standard deviation above their peers in grit were 54% more likely to overcome the physical, mental, and emotional challenges of the Beast Barracks and complete the program. Furthermore, grit was also a reliable predictor of the likelihood of a cadet graduating from West Point in four years. When a cadet exceeded the 89th percentile for physical ability or the 95th percentile for cognitive ability, the likelihood of a four year graduation decreased. In contrast, scoring into the 99th percentile of grit led to a smaller decrease in likelihood of a four year graduation. Ultimately, while this study was conducted in the context of a highly rigorous academic and physical environment, the conclusions point to the fact that grit can be a predictor of one's ability to overcome adversity (Duckworth et al., 2019).

In conjunction with grit is adaptability, which has been commonly defined as "symptoms related to internal well-being" (Fletcher & Sarkar, 2013). Rather than focusing on the individual, recent resiliency studies have suggested that adaptability is a multisystem concept. For example, natural disasters, disease, and structural trauma often have cascading effects that disturb the economy, governments, healthcare, and family in addition to the individual. Thus, when studying responses to adversity and the presence of resilience, it is important to note not only the

individual's ability to return to equilibrium, but also how surrounding systems are or aren't able to provide multifaceted responses to "stabilize, protect, or transform the system so it may survive, recover, or continue in a new form" (Masten, 2021). The three aforementioned concepts all contribute to our current understanding of resilience.

When reflecting on resilience research, the challenge of applying a definition of resilience onto different groups of people emerges. Resilience is not a static or binary concept, rather it is constantly evolving. As professor of child development at the University of Minnesota Ann Masten states, "The systems, processes, and context involved are constantly changing through many interactions" (Masten, 2021). Combined with earlier mentioned idiosyncrasies such as unique adversities and sociocultural context, the dynamic nature of resiliency further exacerbates trouble applying a uniform definition, metric, or understanding of resiliency onto a diverse group of people. Thus, when considering methods of improving resilience, it is important to focus on proven psychological concepts and acknowledge the impact of biology.

Developing Resilience

While there are not concrete steps to develop predictors of resilience, commonalities tie together populations who possess such traits. Recent research and historical examples can be used to analyze these similarities.

The American Psychological Association provides an outline of "10 Ways to Build Resilience" with steps including "avoid seeing crises as insurmountable problems" and "take care of yourself" (American Psychological Association, n.d.). While these tips are important, they have an individual focus and may not be possible for people based on their access to time, money, or other resources. Rather, alternative resilience developing methods could focus on community change. A multidisciplinary panel on resilience published in the European Journal of

Psychotraumatology states that “the first step to creating efficient resilience improving methods includes understanding that humans are embedded in families, families in organizations and communities, and communities in societies and cultures.” An example from the panel focuses on developing resilience in children: instead of intervening on the individual level, providing resources like healthy meals and parenting education might be more effective at benefitting the child’s development and making them more resilient (Southwick et al., 2014). Creating a protective environment builds aforementioned promotive factors like grit.

In addition to distributing resources, a strong sense of identity and purpose within communities can develop resilience. Strong support systems, relationships, and nurturing of educational development can manifest in a strong “psychosocial adaptive system.” When trauma is endured, a strong psychosocial adaptive system can work in conjunction with one’s biological stress-regulation immune systems while also enabling problem-solving skills and leadership (Masten, 2021). Recent community based research is supported when examining the history of resilience within Native American populations. Historically, Native Americans have endured chronic traumas including genocide and forced accultration. The “boarding school era” is an example of how historical trauma has lingering impacts on the Native community. Annjeanette E. Belcourt-Dittloff, PhD, assistant professor at the University of Montana, writes how boarding schools may have amplified later exposure to traumatic experiences. Many Native children were prevented from learning “adaptive psychosocial coping strategies from their own parents" because they were forced to parent themselves. Long standing research from social theory psychologists such as Alfred Bandura have proven the importance of social modeling in learning, and the deprivation of familial role models for an entire generation of Native Americans coupled with aforementioned chronic trauma has led to higher rates of mental and physical health

problems (Belcourt-Ditloff, 2007). The Indian Health Service (IHS) reports that "American Indians and Alaska Natives born today have a life expectancy that is 5.5 years less than the U.S. all races population (73.0 years to 78.5 years, respectively). Additionally, the IHS also reports that American Indians and Alaska Natives continue to die of chronic liver disease, cirrhosis, diabetes, assault, and homicide at higher rates than other Americans (Indian Health Service, 2019).

Despite this trauma, Native American populations have shown great capacity to cope in the face of adversity. Using data collected in collaboration with tribal communities that did not use a non-native control group; accounted for important cultural considerations; and that gave participants the ability to voice concerns about issues including ethics, measures, and confidentiality, Belcourt-Dittloff identified potential protective factors for Native American communities. These factors included humor, historical resilience, and community. The study identifies the collectivist focus of Native American cultural groups that focus more on the "harmonious function of the whole over the individual." The result is that individuals may rely on extended family or tribal networks when adversity occurs. This view that reliance, adversity, and community are all related may be a protective factor that mitigates some of the impacts of individual life events (Belcourt-Ditloff, 2007).

In fact, when we look to COVID-19 response, Native American reservations lead the nation in the speed of vaccination largely due to a community focus. The Rosebud Reservation in South Dakota and other Native reservations across the U.S. have been able to utilize the IHS to deliver vaccinations to their communities in a centralized manner. Free shuttles, pre-existing mass testing infrastructure, and a community focus when combating the pandemic have all contributed to the efficacy of their vaccination system. As of February 2021, the Rosebud

reservation has been able to vaccinate double the rate of South Dakota. Furthermore, continued community vigilance in the form of mask mandates, curfews, and temperature checks when entering tribal buildings at a time when South Dakota as a state has loosened restrictions have also helped the Rosebud reservation report no new COVID-19 cases for the first time in months. A centralized system, ingenious problem solving, and strong community focus have resulted in Native communities adapting in the face of COVID-19, even as the virus affects their people disproportionately (Siegler, 2021). Thus, a key way to improve resilience for many people is by investing in the communities that they are a part of.

Although the social and cultural aspects of developing resilience are important, it would be misleading to not adknowledge biological factors that may predispose individuals to be either more or less resilient. Hardships stemming from systemic racism, poverty, or other adverse childhood experiences are examples of negative influences on a person's health stemming from social structures rather than genetics. However, research done by the American Academy of Pediatrics highlights that genetic variation may contribute to how an individual reacts to adversity. For example, the adverse effects of lead exposure are "amplified in the presence of a sensitizing polymorphism in the gene coding for d-aminolevulinate dehydratase, an enzyme in the heme synthesis pathway." Other examples include genes that affect the risk of developing adult psychopathology, predisposing individuals to antisocial behavior, and even causing increased fat intake when raised in lower income households (Boyce, 2021). Clearly, gene influence and the interplay between genetics and environment also contribute to one's ability to develop resilience.

In addition to biological factors, other limitations also hinder the previously referenced research. Individual differences that limit the generalizability of resilience development methods

include level of exposure to a certain traumatic event, reliance of family, access to familial resources, and access to educational facilities or other community centers. On a structural level, not only are there contrasting operational definitions of resilience, but major variation in traumatic events that could necessitate resilience. Masten (2021) argues that the potential trauma of a natural disaster compared to a multifaceted disaster such as the meltdown of the Fukushima Daiichi nuclear facility are drastically different, and as such, could affect the efficacy of previously mentioned resilience building traits. Additionally, it's important to note the sociocultural implications of resilience determinants. As Southwick et al. (2014) describes, "instilling a sense of hope, dignity and coherence may be critically important for fostering resilience in a war torn and impoverished community but not in a stable and resource rich community." Understanding the wide array of individual and community factors that could affect resilience building can help create nuanced methods of applying resilience knowledge to societies.

Conclusion

To capitalize on this community-based method of building resilience when making psychological science's understanding of resilience available to societies, recent research and empirical examples suggest creating centralized programs that build protective and promotive factors. These programs should be created in collaboration with psychologists to ensure that information distributed is backed by evidence. There are many actors equipped to launch such programs, but we will focus on the government.

On the state level, resilience building initiatives could focus on education, establishing mentorship groups, ensuring that resources like free lunches are available, and also hosting workshops on resilience education for parents and teachers led by psychologists (Fletcher &

Sarkar, 2013). The basis for such workshops, although not usually held in schools, exist. In fact, in the aftermath of 9/11, the American Psychological Association's Resilience Initiative led the creation of training and a practitioner toolkit with suggestions for community outreach. Several resilience presentations including one to a faculty group at Temple University, Philadelphia, Pennsylvania in the aftermath of the East Coast sniper attacks have successfully been carried out, and such workshops should be held at a wider level in order to spread resilience research. State and local governments could work with the APA and different school districts to tailor the practitioner's toolkit according to each district's need. Such a combination of comprehensive, evidence based resilience education and resources for youth would work to spread and build resilience. This framework can also be applied to a variety of communities such as creating resources and workshops for senior citizens, police agencies, veterans, survivors of sexual assault, survivors of natural disasters, and many more (Newman, 2005).

Federally, psychologists could work with multiple agencies to distribute information and help said agencies respond to certain disasters in an effective manner. For example, during the Severe Acute Respiratory Syndrome (SARS) outbreak, the APA worked with the Center for Disease Control and Prevention to create a fact sheet that provided important information to prevent communities from catching and spreading the disease, but also dispelled myths that could induce community stress (Newman, 2005). Information campaigns are incredibly important especially with the spread of COVID-19 misinformation. False reports including claims that ingesting methanol alcohol will help cure COVID-19 have left thousands hospitalized and hundreds dead in countries like Iran (Delirrad & Mohammadi, 2020). These tragic deaths highlight how psychologists need to continue working with federal organizations to produce accurate information that can help prevent misinformation disasters. In addition to educating,

psychologists are in the unique position to utilize their research to lobby for important policy change, especially concerning healthcare. Ann Masten, professor at the University of Minnesota points out that communities with increased healthcare capacity, better trained first-responders, and more emergency response resources have far better protective capacity when disaster strikes. This is corroborated by a 2018 multi-country cross-sectional study analyzing data from the World Health Organization, UNDP-Education, and World Bank, which found that Universal Health Coverage significantly improved the life expectancy at birth and "healthy life expectancy" (Southwick et al., 2018). Equipped with data and a psychological understanding of how this data can be applied to communities, psychologists can use their findings to bridge the gap between science, government, and communities and advocate for resilience boosting policies.

Of course, not every community will benefit from the same policies. When educating, it's important to consider the socioeconomic, cultural, and historical context of different groups. For example, Native tribes have been subject to a long history of cultural oppression and continue to see their cultural beliefs judged through a Euro-centric lens, which needs to be accounted for when considering what types of programs to implement in Native communities (Belcourt-Dittloff, 2007). Similarly, African Americans have also ensured a long history of racial trauma and currently are subject to racial trauma, whether it be through blatant, violent acts or microaggressions, which also need to be considered when creating programs for the African American community. Furthermore, groups who face more severe forms of adversity such as poverty may have a greater need for different types of support than groups who are wealthier (Masten, 2021).

Resilience is a nuanced concept that transcends disciplines and systems. However, it is important to develop an understanding of how resiliency can be generalized in order to allow psychologists to measure the efficacy of certain policies or predictors of resilience. Operationalization of variables can help increase the reliability of studies and ensure that methods are consistently applied (Bhandari, 2020). When operationalization is done in a way that is ethical and acknowledges different sociocultural backgrounds, it can be an incredibly important way to ensure that psychologists are able to develop an accurate way of predicting and promoting resiliency across an incredibly unique population.

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